

0509  
040104  
U.S. PTO

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	702421635004
First Inventor	Robert James Johnson
Title	Emergency Eye Wash System
Express Mail Label No.	EH578305701US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

## ADDRESS TO:

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

- ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
- ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
- ☒ Specification [Total Pages 37]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
- ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 18]
- Oath or Declaration [Total Sheets 3]
  - ☐ Newly executed (original or copy)
  - ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)
  - ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
- ☐ Application Data Sheet. See 37 CFR 1.76

- ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
- Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - ☐ Computer Readable Form (CRF)
  - Specification Sequence Listing on:
    - ☐ CD-ROM or CD-R (2 copies); or
    - ☐ Paper
  - ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

- ☐ Assignment Papers (cover sheet & document(s))
- ☐ 37 CFR 3.73(b) Statement of Power of Attorney (when there is an assignee)
- ☐ English Translation Document (if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
- ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
- ☐ Other: .....

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: .....

Prior application information:

Examiner: .....

Art Unit: .....

For CONTINUATION OR DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

☒ Customer Number: 283104 OR ☐ Correspondence address below

Name					
Address					
City	State	Zip Code			
Country	Telephone	Fax			

Name (Print/Type)	James B. Raden	Registration No. (Attorney/Agent)	24,594
Signature	<i>James B. Raden</i>	Date	4/1/04

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  
If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

10/816283

040104

05909  
040104

PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>FEE TRANSMITTAL</b> <b>for FY 2004</b> <i>Effective 10/01/2003. Patent fees are subject to annual revision.</i>		<b>Complete if Known</b>	
		Application Number	
		Filing Date	
		First Named Inventor <b>Robert James Johnson</b>	
		Examiner Name	
Art Unit			
Attorney Docket No. <b>702421635004</b>			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>1,882.00</b>			

<b>METHOD OF PAYMENT</b> (check all that apply)		<b>FEE CALCULATION</b> (continued)																													
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		<b>3. ADDITIONAL FEES</b>																													
<input checked="" type="checkbox"/> Deposit Account:		<b>Large Entity   Small Entity</b>																													
Deposit Account Number <b>10-1202</b>																															
Deposit Account Name <b>Jones Day</b>																															
<b>The Director is authorized to:</b> (check all that apply)																															
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments																															
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)																															
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																															
<b>FEE CALCULATION</b>																															
<b>1. BASIC FILING FEE</b>																															
<table border="1"><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001 770</td><td>2001 385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002 340</td><td>2002 170</td><td>Design filing fee</td><td>770</td></tr><tr><td>1003 530</td><td>2003 265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004 770</td><td>2004 385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005 160</td><td>2005 80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="3"><b>SUBTOTAL (1)</b></td><td><b>(\$)</b> 770</td></tr></tbody></table>		Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	1001 770	2001 385	Utility filing fee		1002 340	2002 170	Design filing fee	770	1003 530	2003 265	Plant filing fee		1004 770	2004 385	Reissue filing fee		1005 160	2005 80	Provisional filing fee		<b>SUBTOTAL (1)</b>			<b>(\$)</b> 770		
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid																												
1001 770	2001 385	Utility filing fee																													
1002 340	2002 170	Design filing fee	770																												
1003 530	2003 265	Plant filing fee																													
1004 770	2004 385	Reissue filing fee																													
1005 160	2005 80	Provisional filing fee																													
<b>SUBTOTAL (1)</b>			<b>(\$)</b> 770																												
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>																															
<table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>77</td><td>-20** = 57</td><td>120</td><td>1026</td></tr><tr><td>4</td><td>-3** = 1</td><td>86</td><td>86</td></tr><tr><td colspan="3"></td><td></td></tr></tbody></table>		Total Claims	Extra Claims	Fee from below	Fee Paid	77	-20** = 57	120	1026	4	-3** = 1	86	86																		
Total Claims	Extra Claims	Fee from below	Fee Paid																												
77	-20** = 57	120	1026																												
4	-3** = 1	86	86																												
<table border="1"><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th></tr></thead><tbody><tr><td>1202 18</td><td>2202 9</td><td>Claims in excess of 20</td></tr><tr><td>1201 86</td><td>2201 43</td><td>Independent claims in excess of 3</td></tr><tr><td>1203 290</td><td>2203 145</td><td>Multiple dependent claim, if not paid</td></tr><tr><td>1204 86</td><td>2204 43</td><td>** Reissue independent claims over original patent</td></tr><tr><td>1205 18</td><td>2205 9</td><td>** Reissue claims in excess of 20 and over original patent</td></tr><tr><td colspan="3"><b>SUBTOTAL (2)</b></td><td><b>(\$)</b> 1,112</td></tr></tbody></table>		Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	1202 18	2202 9	Claims in excess of 20	1201 86	2201 43	Independent claims in excess of 3	1203 290	2203 145	Multiple dependent claim, if not paid	1204 86	2204 43	** Reissue independent claims over original patent	1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	<b>SUBTOTAL (2)</b>			<b>(\$)</b> 1,112								
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description																													
1202 18	2202 9	Claims in excess of 20																													
1201 86	2201 43	Independent claims in excess of 3																													
1203 290	2203 145	Multiple dependent claim, if not paid																													
1204 86	2204 43	** Reissue independent claims over original patent																													
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent																													
<b>SUBTOTAL (2)</b>			<b>(\$)</b> 1,112																												
<b>Other fee (specify)</b>																															
<b>Reduced by Basic Filing Fee Paid</b>																															
<b>SUBTOTAL (3)</b>		<b>(\$)</b> 0																													

<b>SUBMITTED BY</b>		<b>(Complete if applicable)</b>	
Name (Print/Type)	<b>James B. Raden</b>	Registration No. (Attorney/Agent)	<b>24,594</b>
Signature	<i>James B. Raden</i>	Telephone	<b>312 269-4340</b>
		Date	<b>4/17/04</b>

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.